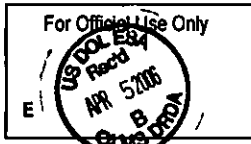


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8424	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name John Kaiser P O Box Bldg Room No if any Street 1534 County Road H City Edgar State Wisconsin ZIP Code + 4 54420	4 Name file number and address of labor organization Name Teamsters Local 662 Labor Organization File Number 028 535 P O Box Building and Room Number if any Street 1280 W Clairemont Ave City Eau Claire State Wisconsin ZIP Code + 4 54701
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

John Kaiser

On

3 30 06
Date

715 352 2688
Telephone Number

Name of Person Filing John Kaiser	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input style="width: 90%;" type="text" value="Humana Inc"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text" value="300 N Madison Suite 100"/> City <input style="width: 90%;" type="text" value="Green Bay"/> State <input style="width: 20%;" type="text" value="Wisconsin"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="54301"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Humana provides insurance to union members </div> 11 b Approximate dollar value of such dealing <input style="width: 150px;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Registration for Hoffa Golf Outing Included 3 days of green fees balls cart and lunch </div> 12 b Amount <input style="width: 150px;" type="text" value="\$1 200"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input style="width: 150px;" type="text"/>